LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Postmark Date

FOR OFFICE USE ONLY

Instructions

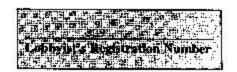
- · Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quait Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

Terminated Representation as of _____

of employs	neat or represent	ations.				AMEN	ION	IEIN
I. NAME	<u>Cormier</u> Last	Max1ne First			MI	1040	646	
2. BUSINES	S PHONE (761-5007		- 0	×			
3. BUSINES	S ADDRESS_	P. O. Box 4625	Baton	Rouge	LA	70821		
MAILING	G ADDRESS	Street and No.		City	State	Zip		
		Street and No.	67,467	City	State	Zip		
4. EMPLOY	ER_ melf-	employed			-			
5. EMPLOY	ER'S ADDRES	S N/A Street and No.		City	State	Zip		
6. Have you	ceased or termin	sated all lobbying activities (equiring rep	500-580 80 - 50		10_X		
group; (group, or organi d) whether or no neFriends	of persons, groups, or organ action listed; (c) the type of it the client or someone else; of City Park	business eac pays you to	h is engaged lobby; and (e	in or the purpo	se or function of transpartion if application if application if application is applicated to the second sec	he organ	
	3 373	Dr., New Orleans,				- 8	<u>7-</u>	
Ø	New Represer				~~~		;	
15	No, who pays y	ои?			28		(2)	100

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I. NAME. Cormier MI 1040646 (225) 761-5007 2. BUSINESS PHONE 70821 P. O. Box 4625 LA 3. BUSINESS ADDRESS Baton Rouge Street and No. City State MAILING ADDRESS Баше Strees and No. City State 4. EMPLOYER self-employed 5. EMPLOYER'S ADDRESS City State Zip 6. Have you ceased or terminated all lobbying activities requiring registration? Yes______ No_X 7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Frienda of City Park

Address 1 Palm Dr., New Orleans, LA 70124

Does this person pay you?

New Representation

Business or purpose to protect interests of City Park

Terminated Representation as of

LATAL REGISTRATION FORM



	Address P. C. Box 1561, Baton Rouge, LA 70821
	Business or purpose association of independent pharmacists.
	New Representation Does this person pay you? Yes
	If No, who pays you?
	Terminated Representation as of
	(A)
3.	400 90 90 90 90 90 90 90 90 90 90 90 90 9
3.	
3.	Name LA Physical Therapy Association/Baton Rouge
3.	Name LA Physical Therapy Association/Baton Rouge Address 8550 United Plaza Blvd. Ste. 1001 Baton Rouge, LA 70809 Business or purpose association of Baton Rouge Physical Therapists
3.	Name LA Physical Therapy Association/Baton Rouge Address 8550 United Plaza Blvd. Ste. 1001 Baton Rouge, LA 70609 Business or purpose association of Baton Rouge Physical Therapists
3.	Name LA Physical Therapy Association/Baton Rouge Address 8550 United Plaza Blvd. Ste. 1001 Baton Rouge, LA 70809 Business or purpose association of Baton Rouge Physical Therapists

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 60%, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM



	Address P. O. Box 1561, Baton Rouge, LA 70821	
	Business or purpose <u>association of independent pharmacists</u>	
	New Representation Does this person pay you? Yes	
	If No, who pays you?	
	Terminated Representation as of	
3.	Name LA Physical Therapy Association/Baton Rouge	
	Address 8550 United Flaza Blvd. Ste. 1001 Baton Rouge, LA	70809
	Business or purpose association of Baton Rouge Physical Therapiata	
	New Representation Does this person pay you? Yes	
	If No, who pays you?	
	Terminated Representation as of	

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Post, 10/2002

MENTAL REGISTRATION FORM



Address 301 Main St.	
Business or purpose	nowful Relation From
New Representation Does this person pay you?	? <u>yes</u>
If No, who pays you?	
-	
1 Terminated Representation as of	
Terminated Representation as of _	*** *********************************
MANYS.	# A
	# A
	## ##
Name The Alchemind Group Address 5518 Moss Side Lane	Baton Rouge, LA 70808
Name The Alchemind Group Address 5518 Moss Side Lane	## ##
Name The Alchemind Group Address 5518 Moss Side Lane	Baton Rouge, LA 70808
Name The Alchemind Group Address 5518 Moss Side Lane Business or purpose Januar	mountal Celetrona Firm
Name The Alchemind Group Address 5518 Moss Side Lane Business or purpose Januar New Representation	Baton Rouge, LA 70808 mountal Culations Firm Yes

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Rev. 10/2002

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM



Address 301 Main St.	Baton Rouge,	LA	70801
Business or purpose	- 32		
New Representation Does this person pay you? <u>ye.</u>			
If No, who pays you?			
Terminated Representation as of	3830		
Name The Alchemind Group			
Address 5518 Moss Side Lane			
Business or purpose			
New Representation Does this person pay you? You	1		

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form \$01, Rev. 10/2002